Modified Version of PTO/SB/21
Approved for use through 07/31/2006

			Approved for use through 07/31/2000		
OIPE		Application Number	10/713565		
FEE TRANSMITT	AL	Filing Date	11/13/2003		
**************************************		First Named Inventor	Harvey A. Fishman		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Art Unit	1651		
The statu	s. See CFR 1.27.	Examiner Name	Ford, Allison		
TOTAL AMOUNT OF PAYMENT	\$120	Attorney Docket Number	S02-296/US		
	for FY 2005	FEE TRANSMITTAL JUL 3 1 2006 For FY 2005 TOTAL T	FEE TRANSMITTAL Filing Date First Named Inventor Art Unit Art Unit Examiner Name		

METHOD OF PAYMENT (Check all that apply)							
☐ A check or money order is enclosed to cover the filing fees.							
Payment by credit card. Form PTO-2038 is attached.							
FEE CALCULATION							
1. Basic Filing, Se	arch ar	nd Examination	Fees				
	Filing I	ees	Search	Fees	Examir	ation Fees	Fees Paid (\$)
Application Type:	Fee(\$)	Fee(\$) Small Entity	Fee(\$)	Fee(\$) Small Enti	,	Fee(\$) Small Entity	
Utility	300	150	500	250	200	100	\$0
Design	200	100	100	50	130	65	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	•
2. Excess Claims Fees 2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity) 2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity) 2.3 Multiple dependent claims \$360 (\$180 small entity)							
Total Claims 23 -	Thr 23	reshold =	Extra (Claims X	Fee (\$) \$50 (\$25)		\$0
Indep. Claims	Thr 3	reshold =	Extra (Claims X	Fee (\$) \$200 (\$100)		<u>\$0</u>
Multiple Dep. Cla	aims				Fee (\$) \$360 (\$180)		
3. Application Size Fee If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		dra Sheets		Fee (\$)			\$0
	00 =	/50 =	^	\$250 (\$ 4 (3125) 38/01/2006 WASF	AW1 00000047	
4. Other Fee(s)	ination ((0100 foo no	ull omtitus die	i)1 FC:1251	11W2 VVVVVT1	120.00 OP
Non-English specification Other: One Month		•	an entity dis	count) (/I G.ILUI		\$120.00

SIGNATURE	Kon	clause_	
PRINTED NAME	Ron Jacobs	TELEPHONE	650-424-0100
DATE	7/26/06	REGISTRATION NUMBER	50,142



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/713,565

Docket No.: S02-296/US

Filing Date: 11/13/2003

Art Unit: 1651

Applicants: Fishman et al.

Examiner: Allison M. Ford

Title: Artificial Synapse Chip

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner of Patents, Alexandria, VA 22313-1450

7.26.06

Signature

Obigail Capulroy

Type or print name of person signing

Reply under 37 CFR 1.111

Assistant Commissioner for Patents Alexandria, VA 22313-1450

Sir:

This reply is in response to an Office Action dated 04/17/2006. With this reply, the Applicant kindly requests to amend the claims in the application as follows.